Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

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	For th	<u>e 2009 calen</u>	dar year,	or tax year beginning 7/0)1,	2009, and endin	ig 6/3	30		, 2010	
8	Check if	applicable:		C		_		D Employ	er Identi	ification Number	
	□ Ad	dress change	Please use IRS label	PORTLAND AUDUBON S	SOCIETY			93-	6026	088	
	Ь	me change	or print or type.	5151 NW CORNELL RO				E Telepho			
	\vdash	•	See	PORTLAND, OR 97210			i	,			
	<u> </u>	tial return	specific Instruc-					503	-292	-6855	
	Ter	rmination	tions.								
	Am	ended return						G Gross re	eceipts \$	2,622	,441.
	Ap	plication pending	F Name a	and address of principal officer:			H(a) is this a	group retur	n for affi	liates? Yes	X No
	_		SAME A	AS C ABOVE			H(b) Are all			Yes	No
ŀ	Tax.	exempt statu			4947(a)(1)	or 527	If 'No,'	attach a list.	(see insl	tructions)	_
<u>. </u>		 		BONPORTLAND.ORG			W. \ C				
-					7		H(t) Group (
n.	Form	of organization:	X Corpora	ation Trust Association	Other >	L Year of Format	ion: 190 ₂	2 M/S	tate of le	egal domicile: OI	<u> </u>
		Summa									
				ganization's mission or most :							
0	Ι.	THE ENJO	YMENT.	_UNDERSTANDING_AND	PRIOTECTION	OF NATIVE	BIRDS	L_QTHE	R WI	LDLIFE A	MD
Ĕ	Ι.	THEIR HA	BITATS	WITH A FOCUS ON L	OCAL AREAS A	ND_THE_PAC	IFIC_N	ORTHWE	ST.		
Ĕ	Ι.										
Š	2 (Check this bo	ox ►]	if the organization discontinu	ed its operations or	disposed of mo	re than 29	5% of its	assets		
9				bers of the governing body (3		17
Activities & Governance				it voting members of the gove					4		17
Ę				yees (Part V, line 2a)					5		<u>47</u>
듄				eers (estimate if necessary).					6		<u>375</u>
₹				ousiness revenue from Part V					7a		0.
	bl	Net unrelated	business	s taxable income from Form 9	90-T, line 34				7 b		0.
							P	rior Year		Current Y	'ear
	8	Contributions	and gran	its (Part VIII, line 1h)				,240,0	76.		,175.
Revenue				ue (Part VIII, line 2g)				626,1			,022.
ě				art VIII, column (A), lines 3, 4				38,3			,473.
æ				III, column (A), lines 5, 6d, 8d				325,5			,357.
			-	nes 8 through 11 (must equal				,230,0			,027.
							<u> </u>	,230,0		2,217	,041.
	ı			ounts paid (Part IX, column (
	ı	•		members (Part IX, column (A							
ø	15	Salaries, othe	er comper	nsation, employee benefits (P	art IX, column (A),	lines 5-10)	·	993,6	26.	1,044	,109.
38	16a i	Professional:	fundraisin	ig fees (Part IX, column (A), l	ine 11e)						
Expenses	_Ի .	Total fundrais	sing exper	nses (Part IX, column (D), lin	e 25) ►	170.460.					
ũ	l .			X, column (A), lines 11a-11d				,114,3	15	932	,888.
		•									
	h			nes 13-17 (must equal Part I)				,107,9			997.
_	19	Revenue less	expenses	s. Subtract line 18 from line 1	2			122,1		242	<u>,030.</u>
5								ning of Y		End of Y	
Net Assets or Fund Balance				ne 16)				,140,4			,339.
₹2.	21	Total liabilitie	s (Part X,	, line 26)				448,0	67.	610	,004.
žį:	22	Net assets or	fund bala	ances. Subtract line 21 from I	ine 20		. 4	,692,3	91.	4,956	.335.
Œ			ure Bloc				_	,			•
						a achier las and state		to the bact o	t markens	wledge and belief	it is
		true, correct, a	s of perjury, and complete.	I declare that I have examined this retuined. Declaration of preparer (other than of	icer) is based on all inforr	nation of which prepa	rer has any k	nowledge.	i my kriu	wieuge allu belier,	1(13
c:.		▶					1				
Sig He	to iii	Signature	at afficar				 Dat	-			
rc	, -	L								3m0n	
			L REDIS				EXECU	JTIVE I	DIREC	TOR	
		Type or pr	int name and	1 title.					1		 .
						Date		eck if	(se	eparer's identifying e instructions)	number
Pai		Preparer's				ŀ	sei en	iployed 🕨			
Pre		signature	► NON·	-PAID PREPARER		5/11/1	1				
	rer's	Firm's name (d									
IJs		yours it self-					E	N - =			
On	ıy	employed), address, and									
_		ZIP + 4	. ,		-3 / :			ione no. 🟲		V	N-
viay	/ the IF	KS discuss th	is return v	with the preparer shown abov	er (see instruction:	5) <i>.</i>				Yes	No

SEE SCHEDULE O

) (Revenue \$

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses -

275,842. including grants of

1,586,701

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		х				
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х				
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI						
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII						
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII						
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	х				
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	1	*1				
12	year? If "Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12		v			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		<u> </u>			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х			
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III							
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			v			
20	Complete Schedule G, Part III	19 20		X X			
24	Did the diganization operate one of more hospitals: it ites, complete schedule if	20					

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VI!, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ.
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part L	25a		Х
-	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's fax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28Ь		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1;	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	!		
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	i Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
ļ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ŧ	of Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	\rightarrow	X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
ŧ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			7/
	benefit contract?	7e 71	-+	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7/1		
٥	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter:		. 41	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	.4-2-	. o short to di	

BAA Form 990 (2009)

Frais W

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

a Enter the number of voting members of the governing body b Enter the number of voting members that are independent. 1	Sec	tion A. Governing Body and Management				
b Enter the number of voting members that are independent. 2 Did any officer, director, trustee, or layer applyope have a family relationship or a business relationship with any other officer, directors or trustee, or layer applyopes have a family relationship or a business relationship with any other officer, directors or trustees, or layer employees to a management during company of other person? 3 Did the organization or any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 7a Dess the organization become aware during the year of a material diversion of the organization's assets? 7b Dess the organization become aware during the year of the proving body? 5 Dess the organization become members, stockholders, or other persons? 7a Dess the organization on temporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization that buthority to act on behalf of the governing body? 9 Is better any officer, director or trustee, or levely employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes; provide the names and addresses in Schedule O the providers. 8 Did Press, Provide the providers are consistent with those of the organization of the torn? 10 Dess the organization have local chapters, branches, or affiliates? 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization					Yes	No
2 Did any officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, fustees or key employee? 3 Did the organization delegate control over management duties customably performed by or under the direct supervision of officers, directors or fustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders. SEE. SCHEDULE. 0 6 Description of the governing body? 5 Description of the governing body subject to approval by members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or frustee, or key employee listed in Part VII, Section A, who cannot be received at the gargination through a deletas? If Yes, provide the names and addresses in Schedule O. 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10 Description of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to enganization have written policies and procedures governing the activities of such chapters, affiliates, and branches to enganization have written policies and procedures governing the activities of such chapters, affiliates, and branches to enganization have written policies and procedures governing the activities of such chapters, affiliates, and branches to enganization have a written operations are consistent wi						
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3 Dd the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management conductory or other person? 4 Dd the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material cliverson of the organization's assets? 5 Did the organization become aware during the year of a material cliverson of the organization's assets? 5 Did the organization become aware during the year of a material cliverson of the organization's assets? 5 Did the organization have members or stockholders? SEE. SCHEDULE 0. 7 Did the organization than was members of stockholders, or other persons, who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Ba X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 9 Is there are officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, 'provide the names and addresses in Schedule O. 9 X 8 Section B. Policles (This Section B requests information about policles not required by the Internal Revenue Code) 10 Does the organization have written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure their orperations are consistent with those of the organization? 11 His the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A X 12 Dess the organization have a written conflict of interest policy? If We, 'go to line 13. 13 A Yes No. 14 Dess the organization have a written conflict of interest policy? If We, 'go to line 13.	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee or key employee?	ier	2		Х
4 X since the prior Form 990 was filed? SEE. SCH. 0. 5 Did the organization become aware during the year of a material diversion of the organization's assets? . 5 X Chebut the organization have members or stockholders? SEE. SCHEDULE. 0. 6 X X A SEE. SCHEDULE. 0. 6 X X X SEE. SCHEDULE. 0. 7 X X X SEE. SCHEDULE. 0. 8 X SEE. SCHEDUL	3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person?	ision	2		
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6 Dees the organization have members or stockholders? SEE. SCHEDULE, 0 7a Does the organization have members, stockholders? SEE. SCHEDULE, 0 8 A	_			_		
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization di		isate a	iny (officer	, dir			
(A)	(B)	١ .	(c) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
KATHY_EHRLICH_										<u> </u>
DIRECTOR	2							0.	0.	0.
KRISTINA GIFFORD										
DIRECTOR	2							0.	0.	0.
PAT CAMPBELL										
PRESIDENT	5							0.	0.	0.
JOHN FITCHEN										
DIRECTOR	5		i					0.	0.	0.
RON SPENCER										
DIRECTOR	5							0.	0.	0.
DAN ROHLF										
DIRECTOR	2							0.	0.	0.
BARB HILL]								
DIRECTOR	2							0.	0.	0.
LEE SAVINAR										
DIRECTOR	2							0.	0.	0.
WINK GROSS										
SECRETARY	2							0.	0.	0.
JOSH CERRA										
VICE PRESIDENT	2							0.	0.	0.
PETER PAQUET						i				
DIRECTOR	2							0.	0.	0.
CLAIRE PUCHY										
DIRECTOR	2					<u> </u>		0.	0.	0.
KAREN O'CONNOR KRUSE										
DIRECTOR	2							0.	0.	0.
JOHN HAMMERSTED										
DIRECTOR	2							0.	0.	0.
TONY DEFALCO										
DIRECTOR	2							0.	0.	0.
DAVE MARSHALL										
EMERITUS MEMBER	2							0.	0.	0.
KEN IVEY	_						. }			
TREASURER	5							0.	0.	0

Section A. Officers, Directors, Trus		\ey	En			es,	an			loyees ((cont.)
(A)	(B)				c)			(D)	(Ē)	(F	F)
Name and Title	Average hours per week	or director	institutional trustee	Officer		Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount comper from organi	ization elated
BOB LIDDELL DIRECTOR	2							0.	0.		0.
MERYL REDISCH EXECUTIVE DIREC	40				х			78,420.	0.		0.
1 b Total							>	78,420.	0.		0.
2 Total number of individuals (including but not limiter from the organization ► 0	ont of c	se III	stea	apo	ove)	wn	o rec	ceived more than	\$100,000 in report	able comp	ensation
										Υ	es No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trusti idividua	ee, I	еу	emp	loye	e, c	or hi	ghest compensate	ed employee	. 3	Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater th individual.	portable nan \$15	сог 0,00	nper 0? <i>i</i>	nsat If 'Ya					from such	4	х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	ation	ı fro	m a	iny i	unre	late	d organization for	services		X
Section B. Independent Contractors	ieduje J	101	SUCI	1 pe	1501	<u> </u>				. 1 3 1	
 Complete this table for your five highest compensation from the organization. 	ed inder	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of		
(A) Name and business address	5							Description o	f Services	(C) Compens	ation
2 Total number of independent contractors (including		limit	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	e e e e e e e e e e e e e e e e e e e	

11-11	- 1	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>د، تا</u>	1 a	Federated campaigns 1a					
ME TO	Ь	Membership dues	170,883.				
êğ	ہ ا	Fundraising events	2,234.				
FIS	ء ا	Related organizations 1 d					
요를	ءَ ا	Government grants (contributions) 1 e	183,174.				· :
S S	`	• ' '	103,114.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and	022 004				
		similar amounts not included above 1f					
중	9	Noncash contribus included in Ins Ia-If: \$		1 100 105			
	n	Total. Add lines 1a-1f	Business Code	1,180,175.			
2		OF ACCRE MOUDE CAMPO		660 754	660 254		
Š			611600	668,754.	668,754.		
쓨			531110	9,625.			
ž	C		531120	5,643.	5,643.		
2	d						
Ž	e						
PROGRAM SERVICE REVENUE	f	All other program service revenue					
<u>F</u>	g	Total. Add lines 2a-2f	,	684,022.	r <u>Kini ii ii i</u>		
	3	Investment income (including dividend	s, interest and				
		other similar amounts)	· •	40,473.	40,473.		
	4	Income from investment of tax-exempt	· · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	i	Gross Rents					
	b	Less: rental expenses.					
		Rental income or (loss)					
	d	Net rental income or (loss)	<u>,,,,,,,</u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory.					
	ь	Less: cost or other basis				•	
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>				
	8a	Gross income from fundraising events					
Ĭ		Gross income from fundraising events (not including. $\$$ 2, 234.					
Z		of contributions reported on line 1c).					
2		See Part IV, line 18	a 149,090.				
OTHER REVENU	b	Less: direct expenses	ь 27,336.				
٥	c	Net income or (loss) from fundraising e	events	121,754.			121,754.
	92	Gross income from gaming activities.					
	74	See Part IV, line 19	a				•
	b	Less: direct expenses	ь				
		Net income or (loss) from gaming activ					
	10-	Gross sales of inventory, less returns					
	106	and allowances	a 568,681.				
	b	Less: cost of goods sold	b 376,078.	· j		!	
		Net income or (loss) from sales of inve		192,603.			192,603.
		Miscellaneous Revenue	Business Code		Paralis of the second		
	11 a						_ _
	Ь				· · · · · ·		
	c						
	d	All other revenue					
	_	Total. Add lines 11a-11d			भूगक्रम अस्यान कार कर्त्र करा स्थाप है। स्थाप	িলার কার্কার জংকলে ও যোগালেক জুলা ব	ng gentrig ji pingkan diga merupak sebili. Salah
		Total revenue. See instructions		2,219,027.	724,495.	0.	314,357.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			general enpenies	0×1000
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,420.	0.	78,420.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	772,750.	665,744.	58,714.	48,292
8	Pension plan contributions (include section 401(k) and section 403(b) employer			<u> </u>	
	contributions)	20,000.	15,644.	3,222.	1,134
9	Other employee benefits.	93,583.	84,109.	10,332.	-858
10	Payroli taxes	79,356.	61,632.	13,534.	4,190
	Fees for services (non-employees)		,		-,
	Management	73,236.	54,716.	18,520.	
	Legal				
	Accounting				
	Lobbying	1,750.	1,750.		
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
g	Other				
	Advertising and promotion	21,186.	12,926.	1,500.	6,760
	Office expenses.			•	•
14	Information technology				
15	Royalties				
	Occupancy	159,261.	158,855.		406
	Travel	18,728.	16,111.	2,572.	45
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	334.		334.	
20	Interest	2,216.	2,216.	-	
	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,277.		55,277.	
	Insurance	29,071.	2,795.	26,276.	
	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
_	CONTRACT LABOR	140,620.	55,718.	37,175.	47,727.
	SUPPLIES	135,402.	104,145.	19, 987.	11,270
	VEHICLE EXPENSE	57,313.	55,078.	15, 307.	2,235.
	BUILDING MAINTENANCE	47,906.	47,906.		2, 2, 2, 3, 4,
	PRINTING AND PUBLICATIONS	37,741.	27,716.	2,483.	7,542
	All other expenses.	152,847.	219,640.	-108,510.	41,717
	Total functional expenses. Add lines 1 through 24f	1,976,997.	1,586,701.	219,836.	170,460
26	Joint costs. Check here ► X if following SOP 98-2. Complete this line only if the organization reported in column (B) joint	1,2,0,22,.	1,550,701.	217,030.	170,400
BAA	costs from a combined educational campaign and fundraising solicitation				Form 990 (2009

33

34

Post C Balance Sheet **(B)** End of year (A) Beginning of year Cash -- non-interest-bearing..... 15,875 15,297. 1 Savings and temporary cash investments.... 794,119. 2 1,091,124. Pledges and grants receivable, net..... 177,000. 3 Accounts receivable, net 18,276. 4 55,327. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L. 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 115,755. 8 133,658. Prepaid expenses and deferred charges..... 14,723. 9 55,213. 10a Land, buildings, and equipment: cost or other basis. | 10a | 4,191,525. Complete Part VI of Schedule D 889,921. 3,319,373. 3,301,604. 10 c 685,337. 914,116. 11 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11...... 13 14 Intangible assets.... 14 Other assets. See Part IV, line 11..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 16 5,140,458 5,566,339. 16 17 Accounts payable and accrued expenses..... 113,641. 17 175,386. 18 Grants payable 18 19 258,580 363,772. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 75.846. 70,846. Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities. Complete Part X of Schedule D..... 25 610,004. 448,067. Total liabilities, Add lines 17 through 25..... 26 Organizations that follow SFAS 117, check here > |X| and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 2,303,556. 27 2,575,868. Temporarily restricted net assets. 1,760,597. 28 1,673,987. 628,238. 29 706,480. Permanently restricted net assets..... Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, and equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds...... 32

5,566,339. Total liabilities and net assets/fund balances..... 5,140,458. 34 Form 990 (2009) BAA

Total net assets or fund balances.

<u>4,692,391</u>

33

4,956,335.

Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Other Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?...... 2a **b** Were the organization's financial statements audited by an independent accountant?..... 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X 3a b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

3ь

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

1	110	1111	alie'	
(176)		4 i Cr		

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
A school described in section 170(bX1XAXii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1XAXiii).									
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									
name, city, and state:									
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bx1)xAxiv). (Complete Part II.)									
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
a Type I b Type II c Type III — Functionally integrated d Type III — Other									
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section									
509(a)(2). f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,									
check this box									
g Since August 17, 2005, has the organization accepted any gift or contribution from any of the following persons? Yes No									
below, the governing body of the supported organization?									
(ii) a family member of a person described in (i) above?									
(iii) a 35% controlled entity of a person described in (i) or (ii) above?									
——————————————————————————————————————									
h Provide the following information about the supported organizations.									
h Provide the following information about the supported organizations. (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (iv) Is the organization in col. (i) listed in your governing governing governing your support? (vi) Oid you notify the organization in col. (i) listed in your governing your support? (vii) Amount of Support (viii) Amount of Support (viii) Organization in col. (i) organization in the organization in col. (ii) Organization in col. (iii) Organization in col. (iiii) Organi									
h Provide the following information about the supported organizations. (i) Name of Supported Organization (ii) EIN (ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) (ii) Ethe organization in col. (i) (iii) Ethe organization in col. (i) (ii) Ethe organization in col. (i) (ii) Ethe organization in col. (ii) Of your support? (vi) Is the organization in col. (i) Organized in the organization in col. (ii) Ethe organization in col. (iii) Ethe organization in col. (iiii) Ethe organization in col. (iiii) Ethe organization in col. (iiii) Ethe organization in col									
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Schedule A (Form 990 or 990-EZ) 2009 PORTLAND AUDUBON SOCIETY 93-6026088

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t l.)			
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	975,349.	1,625,184.	1,168,100.	1,197,336.	1,177,941.	6,143,910.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add fines 1-through 3	975,349.	1,625,184.	1,168,100.	1,197,336.	1,177,941.	6,143,910.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						85,312.
	Public support. Subtract line 5 from line 4		: 				6,058,598.
<u>Sec</u>	tion B. Total Support			r			
Cale begii	ndar year (or fiscal year nning in) ⊁	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	975,349.	1,625,184.	1,168,100.	1,197,336.	1,177,941.	6,143,910.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,812.	34,568.	40,485.	38,307.	40,473.	156,645.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			· · · · · · · · · · · · · · · · · · ·	,	į	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV	62,925.	13,729.	88,028.	111,459.	121,754.	397,895.
11	Total support, Add lines 7 through 10						6,698,450.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				0.
	First five years. If the Form 990 i organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
	tion C. Computation of Pub					1	
	Public support percentage for 20 Public support percentage from 2						90.5 % 90.2 %
16a	33-1/3 support test $-$ 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo plicly supported or	x on line 13, and ganization	the line 14 is 33	-1/3 % or more, cl	heck this box ►X
b	33-1/3 support test — 2008. If the and stop here . The organization	e organization did qualifies as a put	not check a box oblicly supported or	on line 13, or 16a ganization	, and line 15 is 3	3-1/3% or more, o	theck this box
17a	10%-facts-and-circumstances teror more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances teror more, and if the organization roganization meets the 'facts-and Private foundation of the organization of the or	meets the 'facts-a t-circumstances'	ind-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	re. Explain in Part rted organization	IV how the □
10	Private foundation. If the organiz	ation aid not che	ck a box on line,	15, 16a, 16b, 17a			Structions

Sched	lule A (Form 990 or 990-EZ) 2009	PORTLANI	AUDUBON SO	CIETY		93-6026088	Page 3
Pg) ((a)(2)		
	(Complete only if you chec	ked the box on I	ine 9 of Part I.)				
Sect	ion A. Public Support					1	
	dar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)	<u></u>					
Sect	ion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10 a	Amounts from line 6	· · · · · · ·					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
į	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add ins 9, 10c, 11, and 12.)		· · · · · · · · · · · · · · · · · · ·		No. 1 € 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	First five years, If the Form 990 i	s for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	

	organization, check this box and stop here		
Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
	Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

	Tubic support percentage from 2000 senegale 71, Tare 11, 110 Tare 11.		
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%

18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%	
19 a	33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17 is r	not ►	

	b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18	Į.
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	•
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	۰

Schedule A	(Form 990 o	r 990-EZ) :	2009	PORTLAND	AUDUBON	SOCIETY		93-6026088	Page 4
Fracilly	Suppleme Part II, I in	ental Info e 17a or	rmatio 17b; a	on. Comple and Part III,	te this par , line 12. F	t to provide Provide any	the explanations rother additional inf	93-6026088 equired by Part II, li formation. See instru	ne 10; uctions.
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2009 SCHE	DULE A, PART IV - SUPPLEMENTAL INFORMATION	PAGE 5
CLIENT AUDUBON	PORTLAND AUDUBON SOCIETY	93-6026088
5/11/11		09:31AM
PART II, LINE 10 - OTHE	RINCOME	
NATURE AND SOURCE	2009 2008 2007 2006	2005
NET RECEIVED FROM ST	PECIAL EVENTS 121,754. 111,459. 88,028. 13,729. OTAL \$ 121,754. \$ 111,459. \$ 88,028. \$ 13,729. \$	62,925. 62,925.
		ļ

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

		.;' to Form 990, Part IV, line 5 (Proxy Tax), organizations: Complete Part III.	then		
	of organization	riganizations. Comprete Fart III.	,	Employer Identific	ation number
	RTLAND AUDUBON SOCI	' ድ ጥ♥		93-602608	
	Complete if the o	rganization is exempt under section	on 501/c) or is a	section 527 organi	zation
		organization's direct and indirect political c			<u> Lauoni</u>
2		······			
Ė	Complete if the o	rganization is exempt under section	n 501(cV3)		
1	Enter the amount of any exc	ise tax incurred by the organization under	saction 4955	▶ ¢	0.
		ise tax incurred by organization managers			
3		section 4955 tax, did it file Form 4720 for			
_					
	If 'Yes.' describe in Part IV.				les 140
	- · · · · , · · · · · · · · · ·	rganization is exempt under section	n 501(c) excer	ot section 501(cV3)	
		pended by the filing organization for section			
			·		
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for se	ction 527 exempt 	
3	Total of exempt function expline 17b	enditures. Add lines 1 and 2. Enter here a	nd on Form 1120-PC)L, ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses made. For each proprietion	and employer identification number (EIN) and issted, enter the amount paid from the filinger promptly and directly delivered to a segon (PAC). If additional space is needed, properly	of all section 527 po	litical organizations to w	hich payments were
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

Complete if t section 501(l	he organizatio	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (el					
		ongs to an affiliated group							
_		cked box A and 'limited co							
(The term '	(a) Filing organization's totals	(b) Affiliated group totals							
1 a Total lobbying expenditu									
b Total lobbying expenditu	1,750.								
	c Total lobbying expenditures (add lines 1a and 1b). d Other exempt purpose expenditures.								
	1,750. 1,975,247.	0.							
e Total exempt purpose ex				1,976,997.	0.				
Lobbying nontaxable am both columns.	ount. Enter the arr	nount from the following ta	ble in	248,850.					
If the amount on line 1e, colu	mn (a) or (b) is:	The lobbying nontaxable a	amount is:						
Not over \$500,000		20% of the amount on line 1e.							
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	s over \$500,000.						
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess							
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.						
Over \$17,000,000		\$1,000,000.							
g Grassroots nontaxable a	mount (enter 25%	of line 1f)		62,213.	0.				
h Subtract line 1g from line				0.	0.				
i Subtract line 1f from line				0.	0.				
j If there is an amount oth section 4911 tax for this	er than zero on eit	her line 1h or line 1i, did t	the organization file For	m 4720 reporting	Yes No				
	organizations tha	4-Year Averaging Period t t made a section 501(h) el s below. See the instructi	Under Section 501(h) lection do not have to c	omplete all of the five					
	Lobb	ying Expenditures During	4-Year Averaging Perio	od					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2 007	(c) 2008	(d) 2009	(e) Total				
2a Lobbying non-taxable amount	235,01	7. 245,258.	253,465.	248,850.	982,590.				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,473,885.				
c Total lobbying expenditures	11,91	3. 2,250.	23,750.	1,750.	39,663.				
d Grassroots nontaxable amount	58,75	4. 61,315.	63,366.	62,213.	245,648.				
e Grassroots celling amount (150% of line 2d, column (e))	Marian de partir de				368,472.				
f Grassroots lobbying expenditures	11,91	3. 2,250.	23,750.		37,913.				
BAA				Schedule C (Form	990 or 990-EZ) 2009				

	/a)	(a)		(b)	<u> </u>
		No.		<u></u>	t
	, , , , ,	,,,		moun	-
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: **Notional Contract Con					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?			<u> </u>		
Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
i Other activities? If 'Yes,' describe in Part IV				· · · · · · · · ·	
j Total. Add lines 1c through 1i		-			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(F01/	1/01
Complete it the organization is exempt under section 501(c)(4), section 501(C)(S),	or s	ection	20166	: Ko).
		<u> </u>			_
Were substantially all (90% or more) dues received nondeductible by members?				Ye	s No
			_	$\overline{}$	+
				~ I	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	1/6
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	c)(5),	or s	ection	3 501(d	:)(6)
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	c)(5),	or s	ection	3 501(d	:)(6)
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	c)(5), is an	or s	ection	3 501(d	:)(6)
Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 Dues, assessments and similar amounts from members. Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	c)(5), is an	or s swe	ection	3 501(d	;)(6)
Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 Dues, assessments and similar amounts from members. Section 162(e) non-deductible tobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	c)(5), is an	or s swe	ection	3 501(d	:)(6)
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Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 Dues, assessments and similar amounts from members. Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Implete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	c)(5), is an	2a 2b 2c 3 4 5	ection red 'Ye	3 501(d	:)(6)
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Schedule C (Form 990 or 990-EZ) 2009 PORTLAND AUDUBON SOCIETY Supplemental Information (continued)	93-6026088	Page 4
Supplemental Information (continued)		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Employer Identification number

OMB No. 1545-0047

PORTLAND AUDUBON SOCIETY

_6026000

	Organizations Maintaining Donor	Additional England		193-60		
1.72	Organizations Maintaining Donor A the organization answered 'Yes' to	Advised Funds or Uth Form 990 Part IV Jin	er Similar Funds	or Accounts C	omplete if	
	the organization answered Tes to	(a) Donor advised	····	(b) Freedo and	_+L	_1_
1	Total number at end of year	(a) Donor advised	iunos	(b) Funds and	otner accou	nis
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
A	Aggregate value at end of year					
7	· · · ·					
5	Did the organization inform all donors and dono funds are the organization's property, subject to	r advisors in writing that the the organization's exclusiv	e assets held in donor e legal control?	advised [Yes	No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for th purpose conferring impermissible private benefi	e benefit of the donor or do	nor advisor or for any	ofher _	Yes	No
i ² er	Conservation Easements Complete	e if the organization ar	swered 'Yes' to F	orm 990. Part	IV. line 7.	
1	Purpose(s) of conservation easements held by t			,		
	Preservation of land for public use (e.g., red		Preservation of an	historically impor	tant land are	a
	Protection of natural habitat	. ,	Preservation of ce			
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservati	on contribution in the	form of a conserv	ation easeme	ent on the
				Held at t	the End of th	e Year
a	Total number of conservation easements	******************		2 a		
b	Total acreage restricted by conservation easeme	ents		2Ь		
c	Number of conservation easements on a certifie	d historic structure included	l in (a)	2c		
d	Number of conservation easements included in	(c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified, tra	ansferred, released, extingu	ished, or terminated b	by the organization	during the t	tax
	year ►					
	Number of states where property subject to con-					
	Does the organization have a written policy regard enforcement of the conservation easement	it holds?		, , - , , ,	Yes [No
	Staff and volunteer hours devoted to monitoring during the year	•		nts		
7	Amount of expenses incurred in monitoring, insiduring the year ►	becting, and enforcing cons	ervation easements	\$		
8	Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the re	equirements of section	[Yes] No
	In Part XIV, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.	the organization's financial	statements that descr	ibes the organizat	tion's accoun	d iting for
	Organizations Maintaining Collect Complete if the organization answer	i <mark>ons of Art, Historical</mark> ered 'Yes' to Form 990	Treasures, or Oth, Part IV, line 8.	ner Similar Ass	sets	
1a	If the organization elected, as permitted under Streasures, or other similar assets held for public the text of the footnote to its financial statement	exhibition, education, or re	search in furtherance	and balance sheet of public service,	works of art provide, in P	, historical art XIV,
b	If the organization elected, as permitted under Streasures, or other similar assets held for public amounts relating to these items:	exhibition, education, or re	search in furtherance	of public service,	provide the f	itorical following
	(i) Revenues included in Form 990, Part VIII, Iii					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or othe 6 relating to these items:	er similar assets for fir	nancial gain, provi	de the follow	ring
а	Revenues included in Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			▶\$		

Organizations Maintai	ining Collection	15 of Art, Hist	<u>orical Treasures, c</u>	or Other Similar As	sets (con	<u>tinued)</u>
3 Using the organization's acquisiti items (check all that apply):	on accession and	other records, che	eck any of the following	that are a significant u	ise of its col	lection
a Public exhibition		d Loan	or exchange programs	5		
b Scholarly research		e Other	,			
c Preservation for future generation	ations	_				,
4 Provide a description of the organ Part XIV.	nization's collection	ns and explain ho	w they further the orga	inization's exempt purpo	ose in	
5 During the year, did the organizar assets to be sold to raise funds r	tion solicit or recei ather than to be m	ve donations of a	rt, historical treasures, of the organization's c	or other similar	Yes	No
Park Escrow and Custodia 9, or reported an amou	Arrangements	Complete if o	organization answe			IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	y for contributions or o	ther assets not	Yes	No
b If 'Yes,' explain the arrangement						□
			_		Amount	
c Beginning balance				1c		
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an a					Yes	No
b If 'Yes,' explain the arrangement		o, rarex, mic z i			□ 163	□,•••
Fata V Endowment Funds Cor		zation answer	ed 'Yes' to Form 9	90 Part IV line 10		
	(a) Current year	(b) Prior yea				years back
1a Beginning of year balance	834,052			. •		
b Contributions	172,889			- 24		
<u> </u>	1,2,003	200,0	000.			
c Net Investment earnings, gains, and losses	28,698	-108.1	17			
d Grants or scholarships	20,050	1 200,1	***			
e Other expenditures for facilities						
and programs		20,0	100.			
f Administrative expenses				9.4		
g End of year balance	1,035,639	. 834,0	52.			
2 Provide the estimated percentage						
a Board designated or quasi-endow	ment - 3	31.78%				
b Permanent endowment						
c Term endowment						
		6 Mar anna aine aine		.:.:		
3a Are there endowment funds not in organization by:	i the possession o	r the organization	that are neid and adm	iinistered for the	Υe	es No
(i) unrelated organizations					. 3a(i) >	X T
(ii) related organizations					,,,	Х
b If 'Yes' to 3a(ii), are the related of						
4 Describe in Part XIV the intended	•				PART XIV	
Part Investments-Land, Bu						
Description of investment	(a) Co	st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	k Value
1a Land			2,369,783.	- also assessed	2.3	69,783.
b Buildings	 	-	1,620,087.	695,456.		24,631.
c Leasehold improvements			1,020,007.	373,430.	, <u>, , , , , , , , , , , , , , , , , , </u>	<u>,</u>
d Equipment						
• •			201,655.	194,465.		7,190.
e Other				· · · · · · · · · · · · · · · · · · ·	2.7	
Total. Add lines 1a through 1e (Column	i (u) must equal Fo	orm 990, Part X, 6	oiumn (B), line TU(C).)			01,604.
BAA				Sche	dule D (Form	1 990) 2009

Investments—Other Securities See F		ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	ue
Financial derivatives			
Closely-held equity interests			
Other			
	<u>-</u>		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Investments—Program Related (See	Form 990 Part X I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Gook Value	Cost or end-of-year market value	ıe
W			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Other Assets (See Form 990, Part X,	line 15) N/A		
	scription		Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)		
Pat X Other Liabilities (See Form 990, Part		東京東京東京市市東京市市大学 (1987年) No. 1987年 - Alice Alic	waren war in
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		— (A.)	
· · · · · · · · · · · · · · · · · · ·			
			
			Chr.
			4
	· · · · · · · · · · · · · · · · · · ·		8 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	-	 ■ 整新數字(1) (1) (1) (1) (1) (2) (2) (3) (3) (4) 	

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

BAA Schedule **D** (Form 990) 2009 TEEA3304L 02/02/10

Scriedule D (Form 990) 2009 FORTLAND AUDUBON SUCTETY	93-6026088	Page 5
Supplemental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

बिद्धाः ४ म्युक्ताः गलकुत्रसंस्क

					Employer identific	ation number	
					93-602608	8	
ete if the organ uired to comple	nization ad ete this pa	nswered '\ rt.	es' to Form 990, Part I	V, line 1	7.		
aised funds th	rough any	of the foll	owing activities. Check	all that	apply.		
:			$\boldsymbol{\vdash}$	-	_		
			—		g		
				, 0.10			
or oral agreement VII) or entity	ent with ar	ny individu tion with p	al (including officers, di rofessional fundraising	irectors, services	trustees or key	, ∏Yes 🏻	No
dividuals or en	tities (fund		•				
(ii) Activity			(iv) Gross receipts	(or r	etained by)	(vi) Amount paid	d to
			from activity	fundra		(or retained by	
					cor.(i)	Organization	
	res	NO					
			• • •				
,							
			·····				
	 						
	1						
		_					
ation is register	ed or lice	nsed to so	licit funds or has been	notified :	it is exempt fro	m registration	<u>0.</u>
ition is register	ou or neer	11360 10 30	merchands of the been	noaneo	it is exempt no	in registration	
	-		.	 .			
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. – <i>– – – -</i>							
							- -
	or oral agreement VII) or entity dividuals or en e organization (ii) Activity	arised funds through any arised funds through any arised funds through any arised funds through any arised funds or entities (funds or entities) (iii) Did have custor of control arised funds of control arised funds or entities) (iii) Did have custor of control arised funds or entities) arised funds or entities (funds or entities) aris	arised funds through any of the follow or oral agreement with any individual to the followiduals or entities (fundraisers) per organization. (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	wired to complete this part. Taised funds through any of the following activities. Check Solicitation of gove Solicitation of gove Special fundraising or oral agreement with any individual (including officers, dividio) or entity in connection with professional fundraising dividuals or entities (fundraisers) pursuant to agreements e organization. (ii) Activity	arised funds through any of the following activities. Check all that Solicitation of non-government Solicitation of government. Special fundraising events or oral agreement with any individual (including officers, directors, tVII) or entity in connection with professional fundraising services dividuals or entities (fundraisers) pursuant to agreements under we organization. (ii) Activity (iii) Did fundraiser have custedy or control of contributions? Yes No Yes No Aution is registered or licensed to solicit funds or has been notified.	lete if the organization answered 'Yes' to Form 990, Part IV, tine 17. aised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants For oral agreement with any individual (including officers, directors, trustees or key titll) or entity in connection with professional fundraising services? (ii) Activity (iii) Did fundraiser (iv) Grass receipts from activity Yes No Yes No (iv) Grass receipts from activity fundraiser issted in color. (i) Activity Autivity (iii) Did fundraiser (iv) Grass receipts from activity fundraiser issted in color. (iii) Activity Autivity (iv) Amount paid to (or retained by) fundraiser issted in color. (iv) Grass receipts from activity fundraiser issted in color. (iv) Amount paid to (or retained by) fundraiser issted in color. (iv) Amount paid to (or retained by) fundraiser issted in color. (iv) Amount paid to (or retained by) fundraiser issted in color. (iv) Amount paid to (or retained by) fundraiser issted in color. (iv) Amount paid to (or retained by) fundraiser issted in color.	wired to complete this part. Taised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Special fundraising events To roral agreement with any individual (including officers, directors, trustees or key tivl) or entity in connection with professional fundraising services? (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col.(i) Yes No

Fig	<i>‡</i> 🏋	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo	rm 990 Part IV I	ne 18, or ater than \$5.000.
REV			(a) Event #1 WILD ARTS FEST (event type)	(b) Event #2 NATIVE PLANT S (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
R E V E N U E	1	Gross receipts	1 33,701.	17,623.	-	151,324.
E	2	Less: Charitable contributions	1,065.	1,169.		2,234.
	3	Gross income (line 1 minus line 2)	132,636.	16,454.		149,090.
	4	Cash prizes				
	5	Noncash prizes			·	
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	18,720.	8,616.		27,336.
Š	10	Direct expense summary. Add lines 4- ti	hrough 9 in column (d).			27,336.
	11	Net income summary. Combine lines 3, o	column (d) and line 10.			121,754.
Pā		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rej	oorted more than
REYES		***************************************	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
ENUE	1	Gross revenue				
D X	2	Cash prizes				
DIRECT	3	Non-cash prizes				
5	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		.	
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	· · · · · · · · · · · · · · · · · · ·	lyes lye
		er the state(s) in which the organization op ne organization licensed to operate gaming				YES NO
		o,' explain:				
		e any of the organization's gaming license	s revoked, suspended (or terminated during the	tax year?	10a
11		s the organization operate gaming activitie				11
12	ls th adm	e organization a grantor, beneficiary or truinister charitable gaming?	ustee of a trust or a me	mber of a partnership o	r other entity formed to	12

Schedule G (Form 990 or 9	90-EZ) 2009 PORTLAND .	AUDUBON SOCIETY	93~0	6026088	Page 3
					YES NO
	ge of gaming activity operate				
				% %	
14 Enter the name and a	agress of the person who pr	epares the organization's gaming/spec	ial events books and re	cords:	
Name: •					
				ľ	
Address: 💆		-			
15a Does the organization	have a contact with a third	party from whom the organization rece	ivac aomina rovanua?	15	
		ived by the organization \$			a
of gaming revenue re	tained by the third party \$		und the ank	Junit	
	nd address of the third party				
Name: ►					
Address: F					
16 Gaming manager info	rmation				
Name: ►					
					
Gaming manager com	pensation 🕨 \$				
December of the form	and a Maria				
Description of services	s provided:				
Director/officer	Employee	Independent contra	ctor		!
			5151		
17 Mandatory distribution	s				*
a is the organization red	uired under state law to mal	ke charitable distributions from the gar	ning proceeds to retain	the	
state gaming license?			· · · · · · · · · · · · · · · · · · ·	<u>17</u>	a
		tate law to be distributed to other exem	npt organizations or spe	nt in the	
BAA	empt activities during the tax	year: • \$ TEEA3703L 02/05/10	Schedule G (Form 990 or	990-E7) 2000
POO		ILEMS/DSC DENS/TO	Schedale G (5111 930 U	224-LEJ 2003

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(b)

Number of

Contributions

(a)

Check if

applicable

2009

Green in confir

(d)

Method of determining

revenues

Department of the Treasury Internal Revenue Service Name of the organization

PORTLAND AUDUBON SOCIETY

1 Art-Works of art
2 Art-Historical treasures.....

Rain Types of Property

Employer identification number

93-6026088

(c)

Revenues reported on Form 990, Part VIII, line 1g

3	ArtFractional interests					
4	Books and publications	Х		14,500.	DONOR	ESTIMATE
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities-Publicly traded					
10	Securities-Closely held stock					
11	Securities-Partnership, LLC, or trust interests					
12	Securities-Miscellaneous					
13	Qualified conservation contribution— Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential	· I				
16	Real estate—Commercial					
17	Real estate-Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					<u>-</u> .
25	Other ► (MISCELLANEOUS)		300	67,110.	DONOR	ESTIMATE
26	Other ► ()				ļ	
27	Other ► ()		<u>-</u>			
28	Other ► ()				1	
29	Number of Forms 8283 received by the organization	on during the	e tax year for contribut	ions for which the		
	organization completed Form 8283, Part IV, Dones	e Acknowled	lgement		29	
30 a	During the year, did the organization receive by co hold for at least three years from the date of the in purposes for the entire holding period?	entribution a nitial contrib	ny property reported in ution, and which is not	Part I, lines 1-28 that required to be used fo	it must r exempt	Yes No
b	If 'Yes,' describe the arrangement in Part II.					
31	Does the organization have a gift acceptance police	y that requi	res the review of any r	non-standard contribution	ons?	31 X
32a	Does the organization hire or use third parties or renoncash contributions?	elated orgar	nizations to solicit, prod	cess, or sell		32 a X
b	If 'Yes,' describe in Part II.					
33	If the organization did not report revenues in colum	nn (c) for a	type of property for wh	nich column (a) is chec	ked,	
	describe in Part II.		<u></u>			
BAA	For Privacy Act and Paperwork Reduction Act No	tice, see th	e Instructions for Forn	n 990 .	Schedu	le M (Form 990) 2009

Schedule M (Form 990) 2009 PORTLAND A	AUDUBON_SOCIETY	93-6026088 Page 2
Supplemental Information. Co and 33. Also complete this pa	AUDUBON SOCIETY omplete this part to provide the information re rt for any additional information.	quired by Part I, lines 30b, 32b,
	·	·
		·
		· ···
		·-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	.
		·
		
		
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No. 1545-0047

भूतिक क्षेत्रकार्थाः विक्रिक्त

(F)
Direct controlling
entity (F)
Direct controlling
entity **Partition of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 8 Employer identification number 93-6026088 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets CHARITY Part Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions. **(D)** Total income 501 (C) (3) (C) Legal domicile (state or foreign country) 궃 RESTORE NATURAL CONSERVE & ECOSYSTEMS (B) Primary activity Primary activity EDUCATION THROUGH (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity 1 NATIONAL AUDUBON SOCIETY, INC PORTLAND AUDUBON SOCIETY NEW YORK, NY 10014 255 VARICK STREET Name of the organization 13-1624102 Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009 PORTLAND AUDUBON SOCIETY

Page 2

93-6026088

REPORTED Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	(J) General or managing	Yes	.						
	Code V-UBI amount in box	K-1 (Form 1065)							
	(H) Disproportionate	Yes		 	:				
	Share of total income Share of end-of-year assets		:		:				
ieu as a parinersi	(E) Predominant income (related, unrelated, excluded	from tax under sections 512-514)							
IIIZAUGIIS IIEA	(C) (D) Legal Direct domicile controlling entity (State or								
ממוכח טועי	Cc) Legal domicile (state or	foreign country)							
	(s) Primary Activity								
Decembe it had	(A) Name, address, and EIN of related organization			1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

[panaly dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer	axable as a Cor	poration or Tru	st (Complete	if the organiz	ation answered 'Yo	as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV,	π !<,
line 34 because it had one or more relate	d organizations	treated as a cor	rporation or t	rust during the	e tax year.)		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile	<u>ات</u>	(E) Type of entity	(F) Share of total income	3) (C) (G) (D) (E) (F) (G) (H) Activity Legal domicile Direct Type of entity Share of total income Share of end-of-year Percentage	(H) Percentage
		(state or foreign co	ontrolling entity	(C corp, S corp, or trust)		assets	ownership
					:		
					:		

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BAA

Page 3

93-6026088

Schedule R (Form 990) 2009 PORTLAND AUDUBON SOCIETY

Part of Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

90) (2006	Schedule R (Form 990) (2009)	Schedu	BAA TEEA5003L 02/05/10
			(9)
			(5)
	İ		(4)
			(3)
	:		(2)
20,000		Ĵ	(1) NATIONAL AUDUBON SOCIETY, INC.
) nvolved	(C) Amount involved	(B) Transaction type (a-r)	(A) Name of other organization
	sholds.	ps and transaction thresholds.	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships
< ×	-		r Other transfer of cash or property from other organization(s).
×	-		p Reimbursement paid by other organization for expenses.
×	10		Reimbursement paid to other organization for expenses
×			n Sharing of paid employees.
×	-		m Sharing of facilities, equipment, mailing lists, or other assets
×	=		l Performance of services or membership or fundraising solicitations by other organization(s)
×	<u>L</u> .		k Performance of services or membership or fundraising solicitations for other organization(s)
×	; -		j Lease of facilities, equipment, or other assets from other organization(s)
×	- - :		i Lease of facilities, equipment, or other assets to other organization(s)
×	=		h Exchange of assets.
×	1.0		g Purchase of assets from other organization(s).
×	11		f Sale of assets to other organization(s).
ŀ			
×	1e		e Loans or loan guarantees by other organization(s)
×			d Loans or loan guarantees to or for other organization(s)
×	10		c Gift, grant, or capital contribution from other organization(s)
×	1 P		b Gift, grant, or capital contribution to other organization(s).
×	1a		a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.
		:\-	1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:
Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Tanking Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name address and FIN of entity Primary activity enal dominite Are all partir	(B) Primary activity	(C)	(D) Are all partners	Share of end of year	(F)	(G) Code V. I IBI amount	(H)
	(man)	(state or foreign country)	section 501(c)(3) organizations?	assets	tionate allocations?	Schedule K-1 Form (1065)	managing partner?
			Yes No		Yes No	/222	Yes No
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- 1							
ВАД		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	(5005) (366)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047
2009

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

PORTLAND AUDUBON SOCIETY	93-6026088	
FORM_990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	ON	
THE NATURE STORE SELLS ITEMS THAT HELP PROMOTE THE ENJOYMENT, UNDERSTANDING AND		
PROTECTION OF THE NATURAL WORLD.		
THE AUDUBON SOCIETY OF PORTLAND OWNS AND MANAGES 150 ACRE	WILDLIFE SANCTUARY LOCATED	
IN THE FOREST PARK/BALCH CREEK WATERSHED WITHIN THE CITY I	IMITS OF PORTLAND, OREGON.	
THIS SANCTUARY SHOWCASES NATIVE FLORA AND FAUNA. IT HAS	OVER FOUR MILES OF	
FORESTED HIKING TRAILS AVAILABLE FREE TO THE GENERAL PUBLI	C. ANNUALLY BETWEEN	
40,000 AND 60,000 MEMBERS AND VISITORS ENJOY THE WILDLIFE	SANCTUARIES AND	
INTERPRETIVE TRAILS THROUGH A VARIETY OF PROGRAMS AND VOLU	NTEER ACTIVITIES.	
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PORTLAND AUDUBON ALSO OWNS AND MANAGES A 216 ACRE COASTAL,	_TEMPERATE_RAINFOREST_IN	
LANE COUNTY, OUTSIDE OF YACHATS ON THE OREGON COAST. THIS	S_SANCTUARY_SUPPORTS_A	
DIVERSITY OF PLANT AND WILDLIFE SPECIES, SERVES AS A CRITI	CAL LINK ACROSS FIVE	
WATERSHED BASINS AND INFLUENCES THE ECOLOGY OF ESTUARIES A	AND MARINE WATERS IN	
OREGON'S MID-COASTAL REGION. CONTIGUOUS TO THIS SANCTUARY	ARE THE ROCK CREEK AND	
CUMMINS CREEK WILDERNESS AREAS, RESULTING IN NEARLY 33,000	ACRES OF INTACT TEMPERATE	
RAIN FOREST PROTECTED FOR MARBLED MURRELETS, NORTHERN SPOT	TED OWLS, COUGAR, BALD	
EAGLES, COHO AND CHINOOK SALMON AND STEELHEAD TROUT. THESE	PROPERTIES CONTAIN	
HISTORIC MEADOWS AND SITKA SPRUCE AND WESTERN HEMLOCK FORE	CST_TYPES_AND_ARE	
RECOGNIZED BY FEDERAL AND STATE AGENCIES AS PRIORITY PLACE	S FOR PROTECTION AND	
RESTORATION.		
DISTRIBUTION OF DONATED, NEW CLOTHING.		

PORTLAND AUDUBON SOCIETY	93-6026088
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGA	ANIZATIONAL DOCUMENTS
ON NOVEMBER 16, 2009 THE BOARD OF DIRECTORS APPROV	ED UPDATED BYLAWS FOR THE
ORGANIZATION. THE NEW BYLAWS DID NOT CHANGE THE O	RGANIZATION'S MISSION OR PROGRAMS.
THE UPDATED BYLAWS MADE CHANGES TO THE ORGANIZATION	N'S COMMITTEE STRUCTURE AND HOW
DIRECTORS PARTICIPATION IN THOSE COMMITTEES. THE	UPDATED BYLAWS ALSO INCORPORATED
EXISTING POLICIES REGARDING CONFLICTS OF INTEREST.	
A CHANGE WAS MADE SO THAT THE TERM OF A DIRECTOR S	TARTS ON APRIL 1ST SO THAT NEW
DIRECTORS WOULD HAVE AN OPPORTUNITY TO PARTICIPATE	IN THE DEVELOPMENT OF THE BUDGET
FOR THE FISCAL YEAR STARTING IN JULY.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF ME	MBERS OR SHAREHOLDE
THE ORGANIZATION HAS APPROXIMATELY 11,000 MEMBERS	WHO SUPPORT THE ORGANIZATIONS
AVIAN VETERNARIAN SERVICES, RECEIVE THE NEWS LETTE	R, PARTICIPATE IN PROGRAMS AND
VOTE FOR THE ORGANIZATION'S OFFICERS AND DIRECTORS	<u></u>
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A DRAFT OF THIS DOCUMENT WAS CIRCULATED TO ALL OFF	ICERS AND DIRECTORS VIA E-MAIL FOR
COMMENT OR CORRECTION PRIOR TO SIGNING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	AND ENFORCEMENT OF CONFLICTS
THE ORGANIZATION'S BYLAWS REQUIRE OFFICERS, DIRECO	TRS AND EMPLOYEES TO DISCLOSE
CONFLICTS AND ABSTAIN FROM VOTING ON ISSUES TO WHI	CH THE CONFLICT APPLIES. A
WRITTEN STATEMENT OF THE ORGANIZATION'S POLICY IS	PROVIDED TO NEW DIRECTORS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMEN	ITS PUBLICLY AVAILABLE
THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED	ON THE ORGANIZATION'S WEBSITE.

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Name of the organization	Employer identification number
PORTLAND AUDUBON SOCIETY	93-6026088
	
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